Wisconsin Medicaid Electronic Health Record Incentive Program for Eligible Professionals

June 4, 2019
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1 Introduction

This user guide provides step-by-step directions for applying for the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program. The following resources are available for more information.

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<tr>
<td>Provider Services</td>
<td>800-947-9627</td>
</tr>
<tr>
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<td><a href="https://www.forwardhealth.wi.gov/WIPortal/content/Provider/Updates/index.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Provider/Updates/index.htm.spage</a></td>
</tr>
<tr>
<td>Wisconsin Medicaid EHR Incentive Program</td>
<td><a href="https://www.dhs.wisconsin.gov/ehrincentive/index.htm">https://www.dhs.wisconsin.gov/ehrincentive/index.htm</a></td>
</tr>
</tbody>
</table>

2 Before You Begin

Note: The following prerequisites must be completed prior to applying for Wisconsin Medicaid EHR Incentive Program incentive payments.

2.1 Register with Centers for Medicare and Medicaid Services

All Eligible Professionals are required to first register at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) website at https://ehrincentives.cms.gov/hitech/login.action.

After an Eligible Professional successfully registers with the R&A, CMS will process the registration and send the file to the Wisconsin Medicaid EHR Incentive Program. After receipt of the file, the Wisconsin Medicaid EHR Incentive Program will enter all relevant information into the Wisconsin Medicaid system and send a welcome email to the address provided during registration.
Note: To allow for this process, Eligible Professionals must wait two full business days before applying for the Wisconsin Medicaid EHR Incentive Program. During this time, Eligible Professionals should not access or modify their registration with the R&A.

Eligible Professionals can refer to the Application Process Guide for an overview of the process of registering and applying for a Wisconsin Medicaid EHR Incentive Program application.

2.2 Gather Required Data

When beginning the Wisconsin Medicaid EHR Incentive Program Application, Eligible Professionals should have:

- The CMS EHR Certification Identification for the certified EHR technology that they have acquired or are contractually obligated to acquire. For more information on approved EHR technology, Eligible Professionals should refer to the Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List (CHPL) website at https://chpl.healthit.gov.

- Information submitted to the R&A. Eligible Professionals will need to confirm all of this information during the initial application phases.

- The contact name, telephone number, and email address of the preparer of the Eligible Professional’s application, if not the Eligible Professional.

- Information about whether or not the Eligible Professional applying to the Wisconsin Medicaid EHR Incentive Program has any sanctions or pending sanctions with the Medicare or Medicaid programs and is licensed to practice in all states in which services are rendered.

- The required patient volume documentation, the start date of the 90-day patient volume reporting period, and required patient volume data.
  - The total in-state eligible member-only patient encounter volume during the previously determined continuous 90-day reporting period.
  - The total (regardless of state) eligible member patient encounter volume during the previously determined continuous 90-day reporting period.
  - The total patient encounter volume during the previously determined continuous 90-day reporting period.

- The required certified electronic health record technology (CEHRT) documentation to support the acquisition of EHR technology that is certified to the current federal standards.

- The required security risk assessment (SRA) documentation and Meaningful Use reports to support Meaningful Use measure attestation data.
2.3 Select the ForwardHealth Account to Complete the Application

Eligible Professionals may access the Wisconsin Medicaid EHR Incentive Program application by logging in to a secure Provider account on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Once a user has started the Wisconsin Medicaid EHR Incentive Program application with one Provider Portal account, the user cannot switch to another Provider Portal account during that Program Year. The user can save the information entered and return later to complete the application; however, only the same Provider Portal account that started the application will be permitted access to it.

2.4 Assign the Wisconsin Medicaid Electronic Health Record Incentive Program Role

Before beginning the Wisconsin Medicaid EHR Incentive Program Application, the EHR Incentive clerk role must be assigned to the clerk completing the application.

For more information on obtaining a Provider Portal account or assigning a clerk role, refer to the ForwardHealth Provider Portal Account User Guide on the Portal User Guides page of the Provider Portal.
3  Using the Wisconsin Medicaid Electronic Health Record Incentive Program Application

The Wisconsin Medicaid EHR Incentive Program Application uses a tab arrangement to guide users through the application process. Users must complete the tabs in the order presented, but can return to previous tabs to review the information or make modifications until the application is submitted. Users cannot proceed without completing the next tab in the application progression, except when navigating to the Get Started and Review tabs, which can be accessed at any time.

Once the application is submitted, the data can no longer be modified and can only be viewed using the Review tab. In addition, the tab arrangement will change after submission to allow users to view status information.

When proceeding through the application process, the user’s identifying information (i.e., name, National Provider Identifier [NPI], Tax Identification Number [TIN]) will be displayed at the top of most pages. This is information provided by the R&A.

Other functions available in the application include the following:

- A Print link displays in the upper right corner of most pages and allows users to print the information entered. The Internet browser’s print function can also be used to print page shots within the application at any point.

- A Contact Us link displays in the upper right corner of most pages and contains Wisconsin Medicaid EHR Incentive Program contact information.

- An Exit link that allows the user to close the Wisconsin Medicaid EHR Incentive Program Application window. If a user attempts to close the application without saving any modifications, a confirmation message will be displayed.

- A Save & Continue button, which must be used before exiting or data entered on the page will be lost.

- A Previous button, which displays the previous window without saving any changes to the application.

- A Reset button, which will restore all unsaved data entry fields to their original values.

- A red asterisk (*), which indicates a required field.

- Help icons, which are located next to certain fields and display help content specific to the associated field when the cursor is hovered over the icon.
• Screens for those attesting to Stage 3 Meaningful Use include a UI number on the bottom right of each screen for reference during technical assistance.

If any data is incorrectly entered or is incomplete, a validation message may be displayed above the navigation button. The error must be addressed in order for the application to be saved.
4 Application Process

4.1 Getting Started

To begin the Wisconsin Medicaid EHR Incentive Program application process, complete the following steps:


![ForwardHealth Home Page](image)

**Figure 1** ForwardHealth Home Page
2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

![ForwardHealth Portal Login](image1)

**Figure 2** ForwardHealth Portal Login

*Note:* The login box can also be accessed by clicking the Providers icon on the home page of the Portal.

3. Enter the user’s username.

4. Enter the user’s password.

5. Click **Go!** The secure Provider page will be displayed.

![Secure Provider Page](image2)

**Figure 3** Secure Provider Page
6. Click Wisconsin Medicaid EHR Incentive Program located in the Quick Links box on the right side of the page. The Wisconsin Medicaid EHR Incentive Program page will be displayed.

![Wisconsin Medicaid EHR Incentive Program Page](image)

Figure 4 Wisconsin Medicaid EHR Incentive Program Page
7. Click **Next**. The Select EHR Incentive Application page will be displayed.

![Select EHR Incentive Application Page](image)

**Figure 5** Select EHR Incentive Application Page

The Select EHR Incentive Application page will display a list of the applications that are registered at the R&A. For organizations, all Eligible Professionals assigning payment to the organization and who are associated with the organization’s TIN are displayed. For Eligible Professionals applying as an individual, only the information for the individual will be displayed.
8. Select one Wisconsin Medicaid EHR Incentive Program application from the row(s) at the top of the page to begin the application process for the selected individual. The selected information will populate the fields on the page.

![Select EHR Incentive Application Page with Populated Application Information](image)

**Figure 6** Select EHR Incentive Application Page with Populated Application Information

*Note:* If multiple Wisconsin Medicaid provider certifications are found, the following page will be displayed.

![Select Wisconsin Medicaid Provider Certification Page](image)

**Figure 7** Select Wisconsin Medicaid Provider Certification Page
9. Select the appropriate provider certification and click **Next** to continue. The Confirm Payee page will be displayed.

![Confirm Payee Page](image)

**Figure 8** Confirm Payee Page

If the information is correct, click **Yes**. If it is not correct, click **No** and **Next** and the Select Wisconsin Medicaid EHR Incentive Program Payee Page will be displayed where the user can select the correct Payee.

10. Click **Next**. The Complete Registration page will be displayed.

![Complete Registration Page](image)

**Figure 9** Complete Registration Page
11. Click Next. The Wisconsin Medicaid EHR Incentive Program Participation Dashboard page will open in a new browser window.

![Wisconsin Medicaid EHR Incentive Program Participation Dashboard Page](image)

Figure 10  Wisconsin Medicaid EHR Incentive Program Participation Dashboard Page

The dashboard consists of seven columns that show the Eligible Professional’s activity and status in the Wisconsin Medicaid EHR Incentive Program.

- The Application column displays the active button used to begin the current application or review previous Program Year applications. Grayed-out buttons show future applications.
- The *Stage* column displays the Stage and Attestation Phase attained by current and previous applications.
- The *Status* column displays the current status of the application.
- The *Payment Year* column displays the year of program participation for the application.
- The *Program Year* column displays the year within which a provider attests for a payment.
- The *Incentive Amount* column displays the amount of the incentive paid to the Eligible Professional for the payment year.
- The *Available Actions* column displays the actions that are allowed for the application.

After December 31 of the program year, the bottom of the dashboard will also display the allowable grace period for the program year. For example, for Program Year 2018, if an Eligible Professional is attesting after December 31, 2018, the dashboard will show the dates of the grace period (January 1, 2019–March 31, 2019), ending on the last day an application may be submitted.

**Note:** If an application has been started but not yet submitted, the Status column will indicate the application is Incomplete. If an application has a status of Incomplete, Eligible Professionals have the option to Abort the application, which removes any information that has been entered.

If the user clicks **Abort**, a confirmation page will be displayed asking the user to confirm this action. If the user clicks **Confirm**, the Dashboard page will again be displayed and the application will show as Not Started. The user can then click **Continue** to restart the application if desired.

![Figure 11 Dashboard Page Abort Button](image)
12. Select the appropriate radio button in the Application column to select an application.

13. Click **Continue**. If the Status column indicates the application is Not Started, the CEHRT — ONC Validation page will be displayed.

   **Note:** If the status for an application is Incomplete, the Wisconsin Medicaid EHR Incentive Program page will be displayed. Skip Steps 15-18 below and proceed to step 19.

![Figure 12 CEHRT – ONC Validation Page](image)

The Wisconsin Medicaid EHR Incentive Program requires the use of technology certified for this program. A valid CMS EHR Certification ID obtained from the ONC CHPL website at [https://chpl.healthit.gov/](https://chpl.healthit.gov/) must be entered on this page.

14. Enter the 15-character CMS EHR Certification ID. Do not use any dashes or spaces.
15. Click **Next**. The Wisconsin Medicaid EHR Incentive Program will validate the entered number. If the user entered an invalid CMS EHR Certification ID, go to the ONC CHPL website to find the valid ID for the EHR product. If the user entered a valid CMS EHR Certification ID, a CEHRT — ONC Validating Review page will be displayed.

![CEHRT - ONC Validating Review Page](image)

**Figure 13** CEHRT – ONC Validating Review Page
16. Click **Next**.

For CMS Certification IDs that correspond with the 2015 Edition, or a combination of 2015 and 2014 Editions, the CEHRT Meaningful Use Options page will be displayed.

![CEHRT Meaningful Use Options Page](image)

**Figure 14** CEHRT Meaningful Use Options Page

Select a Meaningful Use reporting option:

- 2018 Modified Stage 2 Objectives and CQMs
- 2018 Stage 3 Objectives and CQMs.
17. Click **Next**. The Meaningful Use Options Review page will be displayed.

![CEHRT Meaningful Use Options Page](image-url)
For CMS Certification IDs that correspond with the 2014 Edition, the Wisconsin Medicaid EHR Incentive Program page will be displayed.

![Wisconsin Medicaid EHR Incentive Program Page]

**Figure 16** Wisconsin Medicaid EHR Incentive Program Page

The Wisconsin Medicaid EHR Incentive Program page contains basic information about the user’s application including the following:

- Payment Year
- Program Year
- Name
- Applicant NPI
- Status (For more information on statuses, refer to Section 7.2 Application Status.)

The Wisconsin Medicaid EHR Incentive Program page also displays important information regarding who can complete the Wisconsin Medicaid EHR Incentive Program application.

- The application must be completed by the actual provider or an authorized preparer.
- Once the application has been started, it must be completed by the same Provider Portal account.

To apply for access to the Wisconsin Medicaid EHR Incentive Program under a different Provider Portal account, users must click **Exit**, log out of the Portal, and log back in with the Provider Portal account they wish to use to begin and complete the application.
18. Click **Get Started** to save and continue with the current application, locking all of the options selected up to this point. A Confirmation page will be displayed.

![Confirmation Page](image)

**Figure 17** Confirmation Page

- Clicking **Confirm** will associate the current Provider Portal account with the Wisconsin Medicaid EHR Incentive Program application for the individual Eligible Professional previously selected.

- Clicking **Cancel** will return the user to the previous page.
19. Click **Confirm**. The Get Started page will be displayed.

![Get Started Page](image18.png)

**Figure 18** Get Started Page

20. Click **Continue**. The initial R&A/Contact Info page will be displayed.

![Initial R&A/Contact Info Page](image19.png)

**Figure 19** Initial R&A/Contact Info Page
4.2 Registration and Attestation/Contact Information

1. Click **Begin**. The R&A Verification page will be displayed.

![R&A Verification Page](image)

2. Check the information carefully to ensure it is accurate.

3. Compare the R&A Registration ID the user received while registering with the R&A Registration ID displayed on this page.
4. After reviewing the information, select **Yes** or **No** to the question “Is this information accurate?”

   *Note:* If the user select **No**, the following message will display at the bottom of the page: “Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).”

5. Click **Save & Continue**. The Contact Information page will be displayed.

![Contact Information Page](image)

**Figure 21** Contact Information Page

6. Enter a contact name in the First Name and Last Name fields.

7. Enter a contact telephone number in the Phone field.
8. Enter a contact email address in the Contact Email Address and Verify Email fields. Verify the email address entered is the same in both fields.

9. Enter an address in the appropriate Address fields.

10. Enter an optional alternative contact.

11. Click **Save & Continue**. A completed page will be displayed.

   *Note:* A checkmark will appear in the R&A/Contact Info tab to acknowledge that the "R&A/Contact Info" section was completed.

[Figure 22 R&A/Contact Information Completed Page]

12. Click **Continue**. The initial Eligibility page will be displayed.
4.3 Eligibility

The “Eligibility” section will require Eligible Professionals to confirm their eligibility for the Wisconsin Medicaid EHR Incentive Program.

1. Click **Begin**. The Eligibility Questions 1 (Part 1 of 2) page will be displayed.

![Initial Eligibility Page](image)

**Figure 23** Initial Eligibility Page
2. Select **Yes** or **No** to the eligibility questions.

*Note:* Hover over the icon for additional information regarding a specific question.

![Figure 24 Eligibility Questions 1 (Part 1 of 2) Page](image-url)
3. Click **Save & Continue**. The Eligibility Questions 2 (Part 2 of 2) page will be displayed.

![Image of Eligibility Questions 2 (Part 2 of 2) Page]

**Figure 25** Eligibility Questions 2 (Part 2 of 2) Page

4. Select the appropriate provider type in the “What type of provider are you?” section. *Note:* Advanced Practice Nurse Prescribers with a psychiatric specialty should select the provider type of Nurse Practitioner.

5. Select **Yes** or **No** to the question regarding sanctions.
6. Click **Save & Continue**. A completed page will be displayed.

   **Note:** A checkmark will appear in the Eligibility tab to acknowledge that the “Eligibility” section was completed.

![Figure 26 Eligibility Completed Page](image)

7. Click **Continue**. The initial Patient Volumes page will be displayed.

![Figure 27 Initial Patient Volumes Page](image)
4.4 Patient Volumes

1. Click **Begin**. The Patient Volume Practice Type (Part 1 of 3) page will be displayed.

![Patient Volume Practice Type (Part 1 of 3) Page](image)

2. Select **Yes** or **No** to indicate whether or not the Eligible Professional practices predominantly at a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC).
   - If **Yes** is selected, the user will be reporting Needy Individual patient volume.
   - If **No** is selected, the user will be reporting Eligible Member patient volume.

3. Indicate whether the user is submitting patient volume for an individual practitioner or a group/clinic.
4. Click **Save & Continue**. The Patient Volume 90-Day Period (Part 2 of 3) page will be displayed.

![Patient Volume 90-Day Period (Part 2 of 3) Page](image)

Eligible Professionals now have the option to select one of two Patient Volume reporting periods:

- The calendar year preceding the payment year.
- Twelve months preceding the attestation date.

The “attestation date” is defined as the day when the application is electronically signed and submitted for the first time in the Program Year or as December 31 of the Program Year if applying during the grace period. In Program Year 2018, the last available start date is October 3, 2018.

**Note:** For providers that select the second option and attest during the grace period, the system will not accept valid patient volume start dates that fall between January 1, 2018, and March 31, 2018. Valid start dates in this time period are rejected by the system if they occur twelve months prior to the current day. Providers are allowed to use a start date in this time period; however, the date must be updated after the application is submitted. If Eligible
Professionals are using a patient volume start date that falls between January 1, 2018, and March 31, 2018, they are required to:

- Enter a standardized start date of April 1, 2018, as the Eligible Professional’s start date.
- Request an update to the application by contacting the Wisconsin Medicaid EHR Incentive Program at DHSEHRIIncentiveProgram@dhs.wisconsin.gov. In the email, use the subject line “Reset to Incomplete for Patient Volume Period” and include the NPI and contact information for the person requesting the change. The EHR Incentive Program Staff will return the application to “Incomplete”, allowing the applicant to enter the correct patient volume start date.

5. Select the Patient Volume reporting period the user wishes to use.

6. Enter a start date of any representative continuous 90-day period within the preceding calendar year or 12 months preceding attestation depending on selected Patient Volume reporting period. The calendar icon located to the right of the Start Date field may also be used to select a date.

7. Click **Save & Continue**. The 90-day end date will be automatically calculated and will be displayed on the following page.

8. Review the start date and system-calculated end date for accuracy.
9. Click **Save & Continue** if the dates are correct. The Patient Volume (Part 3 of 3) page will be displayed. This page will vary according to the selections entered on the Patient Volume Practice Type (Part 1 of 3) page.

The table below lists the sections in this guide that provide details for completing Part 3 of 3 of the application. Proceed to the section that applies to the Eligible Professional’s individual practice type.

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<tr>
<th>Practice Type</th>
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</tr>
<tr>
<td>Group Practice Eligible Professional Using Eligible Member Patient Volume</td>
<td>4.4.2 Patient Volume — Group</td>
</tr>
<tr>
<td>Individual Eligible Professional Using Needy Individual Patient Volume</td>
<td>4.4.3 Patient Volume — FQHC or RHC Individual</td>
</tr>
<tr>
<td>Group Practice Eligible Professional Using Needy Individual Patient Volume</td>
<td>4.4.4 Patient Volume — FQHC or RHC Group</td>
</tr>
</tbody>
</table>
4.4.1 Patient Volume — Individual

After clicking Save & Continue for Part 2 of 3, the Patient Volume — Individual (Part 3 of 3) page will be displayed for an individual Eligible Professional using eligible member patient volume.

Figure 31  Patient Volume — Individual (Part 3 of 3) Page

1. Select at least one practice location for reporting Medicaid patient volume and at least one location in the Utilizing Certified EHR Technology column.

To add a location, complete the following steps:
a. **Click Add Location.** The following page will be displayed.

![Add Location Page](image)

**Figure 32** Patient Volume — Individual (Part 3 of 3) Add Location Page

b. Enter the requested practice location information.
c. Click **Save & Continue**. The Patient Volume — Individual (Part 3 of 3) page will be displayed with the added location at the bottom of the table.

![Figure 33 Patient Volume — Individual (Part 3 of 3) Page with Added Location](image)

*Note:* The user can clear all patient volume data and delete any manually added locations by clicking **Refresh**.
2. Click **Save & Continue** after selecting the required information and adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

![Patient Volumes Entry Instructions Page](image)

*Figure 34 Patient Volumes Entry Instructions Page*

If the information is incorrect, click the browser’s **Back** button to return to the previous page to make any necessary corrections.
3. Click **Begin** to calculate and attest to eligible member patient volume as an *individual* if the information is correct. The Patient Volume — Individual (Part 3 of 3) entry page will be displayed.

![Patient Volume — Individual (Part 3 of 3) Entry Page](image)

**Figure 35** Patient Volume — Individual (Part 3 of 3) Entry Page

4. Enter the patient volume for each location:

Note: The annual Standard Deduction must be applied to the eligible member patient volume. The number entered must be rounded to the nearest whole number.

- **Medicaid Only Encounter Volume** — enter only in-state Medicaid encounters.
- **Medicaid Encounter Volume** — enter the total of both in-state and out-of-state Medicaid encounters.

*Example:* If the user has 100 in-state encounters and one out-of-state encounter, enter 101 in the Medicaid Encounter Volume field.

- **Total Encounter Volume** — enter the total encounters for all patients, regardless of payer.
5. Click **Save & Continue**. The Patient Volume — Individual (Part 3 of 3) review page will be displayed.

![Patient Volume — Individual (Part 3 of 3) Review Page](image)

**Figure 36** Patient Volume — Individual (Part 3 of 3) Review Page

6. Review the information for accuracy.
7. Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.

![Image of Patient Volumes Completed Page]

**Figure 37** Patient Volumes Completed Page

8. Click **Continue**. The Attestation page will be displayed. To continue with the application, proceed to [Section 4.5 Attestation](#).
4.4.2 Patient Volume — Group

After clicking Save & Continue for Part 2 of 3, the Patient Volume — Group (Part 3 of 3) page will be displayed for group practice Eligible Professionals using eligible member patient volume.

![Patient Volume - Group (Part 3 of 3) Page](image)

1. Select at least one practice location for the Utilizing Certified EHR Technology column.

To add more locations, complete the following steps:
a. Click **Add Location**. The following page will be displayed.

![Patient Volume — Group (Part 3 of 3) Add Location Page](image)

**Figure 39** Patient Volume — Group (Part 3 of 3) Add Location Page

b. Enter the requested practice location information.
c. Click **Save & Continue**. The Patient Volume — Group (Part 3 of 3) page will be displayed with the added location at the bottom of the table.

![Patient Volume — Group (Part 3 of 3) Page with Added Location](image)

*Figure 40*  Patient Volume — Group (Part 3 of 3) Page with Added Location

*Note:* The user can clear all patient volume data and delete any manually added locations by clicking **Refresh**.
2. Click **Save & Continue** after selecting the required information and adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

![Patient Volumes Entry Instructions Page](image)

**Figure 41** Patient Volumes Entry Instructions Page

*Note:* If the information is incorrect, click the browser’s **Back** button to return to the previous page to make any necessary corrections.
3. Click **Begin** to calculate and attest to eligible member patient volume as a group if the information is correct. The Patient Volume — Group (Part 3 of 3) entry page will be displayed.

![Patient Volume — Group (Part 3 of 3) Entry Page](image)

**Figure 42** Patient Volume — Group (Part 3 of 3) Entry Page

4. In the fields at the top of the page, enter the Group Practice Provider ID(s) the user will use to report eligible member patient volume requirements. If the user listed four Group Practice Provider IDs, the eligible member patient volume numbers in the lower section of the panel represent more IDs than the four listed. Check the box following “Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volume.”
5. Enter the patient volume for each location.

*Note:* The annual Standard Deduction must be applied to the eligible member patient volume. The number entered must be rounded to the nearest whole number.

- *Medicaid Only Encounter Volume* — enter only in-state Medicaid encounters.

  *Example:* If the user has 100 in-state encounters and one out-of-state encounter, enter 101 in the Medicaid Encounter Volume field.

- *Total Encounter Volume* — enter the total encounters for all patients, regardless of payer.

6. Click **Save & Continue**. The Patient Volume — Group (Part 3 of 3) review page will be displayed.

![Patient Volume — Group (Part 3 of 3) Review Page](image)

*Figure 43* Patient Volume — Group (Part 3 of 3) Review Page

7. Review the information to ensure it is accurate.
8. Click **Save & Continue**. A completed page will be displayed.

   *Note:* A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.

![Patient Volumes Completed Page](image)

**Figure 44** Patient Volumes Completed Page

9. Click **Continue**. The Attestation page will be displayed. To continue with the application, proceed to **Section 4.5 Attestation**.
4.4.3 Patient Volume — Federally Qualified Health Center/Rural Health Clinic Individual

After clicking Save & Continue for Part 2 of 3, the Patient Volume — FQHC/RHC Individual (Part 3 of 3) page will be displayed for individual Eligible Professional using needy individual patient volume.

![Patient Volume — FQHC/RHC Individual (Part 3 of 3) Page](image)

1. Select at least one practice location for Medicaid patient volume and at least one location for the Utilizing Certified EHR Technology column.

To add more locations, complete the following steps:
a. Click **Add Location**. The following page will be displayed.

![Add Location Page](image)

**Figure 46** Patient Volume — FQHC/RHC Individual (Part 3 of 3) Add Location Page

b. Enter the requested practice location information.
c. Click **Save & Continue**. The Patient Volume — FQHC/RHC Individual (Part 3 of 3) page will be displayed with the added location at the bottom of the table.

![Figure 47](image)

**Figure 47** Patient Volume — FQHC/RHC Individual (Part 3 of 3) Page with Added Location

*Note:* The user can clear all patient volume data and delete a manually added location(s) by clicking **Refresh**.
2. Click **Save & Continue** on the Patient Volume — FQHC/RHC Individual (Part 3 of 3) page after selecting the required information and adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

![Figure 48 Patient Volumes Entry Instructions Page](image)

If the information is incorrect, click **Previous** to return to the previous page to make any necessary corrections.
3. Click **Begin** to calculate and attest to needy individual patient volume as an individual if the information is correct. The Patient Volume — FQHC/RHC Individual (Part 3 of 3) entry page will be displayed.

![Patient Volume — FQHC/RHC Individual (Part 3 of 3) Entry Page](image)

**Figure 49** Patient Volume — FQHC/RHC Individual (Part 3 of 3) Entry Page

4. Enter the patient volume for each location:
   - Medicaid and Children’s Health Insurance Program (CHIP) Encounter — enter the patient volume for eligible members.
   - Other Needy Individual Encounter Volume — enter any additional patient encounters that are classified as uncompensated care, no cost, or reduced cost based on a sliding scale determined by the individual’s ability to pay.
   - Total Needy Encounter Volume — enter the sum of the two previously entered patient encounter values (Medicaid and CHIP and Other Needy Individuals).
   - Total Encounter Volume — enter the total encounters for all patients, regardless of payer.
5. Click **Save & Continue**. The Patient Volume — FQHC/RHC Individual (Part 3 of 3) review page will be displayed.

![Figure 50](image)

**Figure 50** Patient Volume – FQHC/RHC Individual (Part 3 of 3) Review Page

6. Review the information for accuracy.
7. Click **Save & Continue**. A completed page will be displayed. 

   Note: A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.

![Patient Volumes Completed Page](image)

**Figure 51** Patient Volumes Completed Page

8. Click **Continue**. The Attestation page will be displayed. To continue with the application, proceed to [Section 4.5 Attestation](#).
4.4.4 Patient Volume — Federally Qualified Health Center/Rural Health Clinic Group

After clicking Save & Continue for Part 2 of 3, the Patient Volume — FQHC/RHC Group (Part 3 of 3) page will be displayed for group practice Eligible Professionals using needy individual patient volume.

![Patient Volume — FQHC/RHC Group (Part 3 of 3) Page](image)

**Figure 52** Patient Volume — FQHC/RHC Group (Part 3 of 3) Page

1. Select at least one practice location in the Utilizing Certified EHR Technology column.

   To add more locations, complete the following steps:
a. Click **Add Location**. The following page will be displayed.

![Add Location Page](image)

**Figure 53**  Patient Volume — FQHC/RHC Group (Part 3 of 3) Add Location Page

b. Enter the requested practice location information.
c. Click **Save & Continue**. The Patient Volume — FQHC/RHC Group (Part 3 of 3) page will be displayed with the added location at the bottom of the table.

![ForwardHealth](image)

**Figure 54** Patient Volume — FQHC/RHC Group (Part 3 of 3) Page with Added Location

*Note:* The user can clear all patient volume data and delete a manually added location(s) by clicking **Refresh**.
2. Click **Save & Continue** on the Patient Volume — FQHC/RHC Group (Part 3 of 3) page after selecting the required information and adding any additional locations. The Patient Volumes Entry Instructions page will be displayed.

![Patient Volumes Entry Instructions Page](image)

**Figure 55** Patient Volumes Entry Instructions Page

If the information is incorrect, click the browser’s **Back** button to return to the previous page to make any necessary corrections.
3. Click **Begin** to calculate and attest to needy individual patient volume as a group if the information is correct. The Patient Volume — FQHC/RHC Group (Part 3 of 3) entry page will be displayed.

![Patient Volume — FQHC/RHC Group (Part 3 of 3) Entry Page](image)

**Figure 56** Patient Volume — FQHC/RHC Group (Part 3 of 3) Entry Page
4. Enter the Group Practice Provider ID(s) the user will use to report needy individual patient volume requirements in the fields at the top of the page.

If the user listed four Group Practice Provider IDs, the patient volume numbers in the lower section of the panel represent more IDs than the four listed. Check the box following “Please check the box if more than 4 Group Practice Provider IDs will be used in reporting patient volume.”

5. Enter the patient volume for each location:

- **Medicaid and CHIP (Children’s Health Insurance Program) Encounter** — enter the patient volume for eligible members.

- **Other Needy Individual Encounter Volume** — enter any additional patient encounters that are classified as uncompensated care, no cost, or reduced cost based on a sliding scale determined by the individual’s ability to pay.

- **Total Needy Encounter Volume** — enter the sum of the two previously entered patient encounter values (Medicaid and CHIP and Other Needy Individuals).

- **Total Encounter Volume** — enter the total encounters for all patients, regardless of payer.
6. Click **Save & Continue**. The Patient Volume — FQHC/RHC Group (Part 3 of 3) review page will be displayed.

![Patient Volume — FQHC/RHC Group (Part 3 of 3) Review Page](image)

**Figure 57** Patient Volume — FQHC/RHC Group (Part 3 of 3) Review Page

7. Review the information for accuracy.
8. Click **Save & Continue**. A completed page will be displayed.

*Note:* A checkmark will appear in the Patient Volumes tab to acknowledge that the “Patient Volumes” section was successfully completed.

![Patient Volumes Completed Page](image)

**Figure 58** Patient Volumes Completed Page

9. Click **Continue**. The Attestation page will be displayed.

**4.5 Attestation**

After completing the Patient Volumes tab, the Initial Attestation page will be displayed.

![Initial Attestation Page](image)

**Figure 59** Initial Attestation Page
1. Click **Begin**. The following Attestation Phase (Part 1 of 3) page will be displayed.

![Attestation Phase (Part 1 of 3) Page](image)

**Figure 60** Attestation Phase (Part 1 of 3) Page

2. Select the radio button for the reporting period to which the user is attesting.

### 4.5.1 Meaningful Use

In Program Year 2018, Eligible Professionals have the flexibility to attest to either Modified Stage 2 or Stage 3 objectives regardless of their previously scheduled stage.

Modified Stage 2 and Stage 3 of Meaningful Use has replaced the core and menu structure of Stages 1 and 2 with a single set of objectives and measures. This means that Eligible Professionals participating in Program Year 2018 will attest to all objectives regardless of their previously scheduled stage.

**Note:** The instructions in this section are from a Modified Stage 2 Meaningful Use application. The instructions below are intended for all Eligible Professionals, regardless of stage; however, Stage 3 Meaningful Use requirements do vary from Stage 2 requirements.

### EHR Reporting Period

The EHR reporting period is the timeframe in which Eligible Professionals report Meaningful Use to the Wisconsin Medicaid EHR Incentive Program. The EHR reporting period must fall within the calendar year in which the Eligible Professional is applying (e.g., Eligible Professionals applying for Program Year 2018 must select an EHR reporting period from January 1, 2018, through December 31, 2018.

1. Select **Meaningful Use** to capture Meaningful Use measures using certified EHR technology at locations where at least 50 percent of the patient encounters are provided.
2. Click **Save & Continue**. The Attestation EHR Reporting Period (Part 1 of 3) page will be displayed.

![Figure 61 Attestation EHR Reporting Period (Part 1 of 3) Page](image)

3. Enter the start date of the EHR reporting period in which the Eligible Professional demonstrated Meaningful Use. The calendar icon located to the right of the Start Date field may also be used to select a date.

4. Click **Save & Continue**. The end date will be automatically calculated and displayed on the following page.

![Figure 62 Attestation EHR Reporting Period (Part 1 of 3) Review Page](image)

5. Review the start date and system-calculated end date for accuracy.
6. Click **Save & Continue** if the dates are correct. The Meaningful Use Objectives Dashboard page will be displayed.

![Attestation Meaningful Use Objectives Dashboard Page](image)

**Figure 63** Attestation Meaningful Use Objectives Dashboard Page

The Meaningful Use measures are grouped into three sets of topics. To complete the attestation, the user must complete all of the following topics:

- General Requirements
- Meaningful Use Objectives
- Required Public Health Objective
- Clinical Quality Measure — General
**Completed and Uncompleted Topics**

The application will display a check mark by a topic when all required data has been entered. The progress of each topic will be displayed as objectives are completed.

![Figure 64: Meaningful Use Measures Dashboard showing Completed and Uncompleted Topics](image)

Once a topic is started, the Progress column will display the number of completed items with the total number contained or selected in the topic.

An EDIT button will appear after the topic is selected. Click **Clear All** to erase all information entered for the measures.

*Note:* When all topics are complete, click **Save and Continue** on this page to finalize the attestation process.
General Requirements

1. Under the General Requirements topic, click **Begin**. The Meaningful Use General Requirements page will be displayed.

![Meaningful Use General Requirements Page]

2. To demonstrate that at least 50 percent of all patient encounters occur in a location(s) where certified EHR technology is being used, complete the following actions:
   
a. In the *Numerator* field, enter *only* patient encounters where a medical treatment is provided and/or evaluation and management (E&M) services are provided in location(s) with federally certified EHRs.
   
b. In the *Denominator* field, enter *all* patient encounters where a medical treatment is provided, and/or E&M services are provided, in location(s) with or without federally certified EHRs.

3. To demonstrate that at least 80 percent of all unique patients have their data in the certified EHR during the EHR reporting period, complete the following actions:
   
a. In the *Numerator* field, enter the number of only those unique patients who, during the reporting period, were seen by an Eligible Professional and had their data recorded in a certified EHR. If a patient is seen by an Eligible Professional more than once during the reporting period, the patient can be counted only once.
b. In the Denominator field, enter all unique patients seen by an Eligible Professional during the reporting period. If a patient is seen by an Eligible Professional more than once during the reporting period, that patient can only be counted once.

Note: Unless otherwise specified for the Meaningful Use pages, clicking Previous will return the user to the previous page. Clicking Reset will restore this panel to the starting point of last saved data.

4. Click Save & Continue. The user will be returned to the Meaningful Use Objectives Dashboard page.

Figure 66  General Requirements Completed

If the topic is completed, a green circle with a check mark will be displayed in the Completed? column. For example, in the General Requirements section both measures must be attested to before being allowed to continue.

Meaningful Use Objectives
This section contains the instructions for an Eligible Professional to attest to Meaningful Use Objectives.

1. Under the Meaningful Use Objectives topic, click Begin. The Meaningful Use Objectives introduction page will be displayed.

Figure 67  Meaningful Use Objectives Introduction Page
The Meaningful Use Objectives introduction page contains general instructions for completing this section. The page also contains a link to the Meaningful Use Objectives Specification Sheets on the CMS website. The Meaningful Use Objective Specification Sheets contain critical requirements for each objective to help Eligible Professionals successfully demonstrate Meaningful Use in Program Year 2018.

*Note:* Eligible Professionals are required to attest to ONC Questions in Objective 0. Eligible Professionals are required to attest to cooperation with the following policies:

- Activities related to supporting providers with performance of CEHRT. Response to Question 1 and 2a (if applicable) must be *Yes* for the Eligible Professional to be a meaningful user.

- Actions related to the supporting of information exchange and the prevention of health information. Response to Question 1 must be *No*, and all other questions must be *Yes* for the Eligible Professional to be a meaningful user.
Modified Stage 2 Meaningful Use Objectives

1. Click **Begin**. The Meaningful Use Objective List page will be displayed.

![Meaningful Use Objective List Page](image)

**Figure 68**  Meaningful Use Objective List Page
2. Click **EDIT** to the right of the objective to enter information for an objective.

3. Select the measure option the user wishes to use to attest to the objective and click **Continue** to proceed to the Objective page.

![Objective Page](image)

**Figure 69** Objective Page

Although the user will be asked for different types of information for each objective, all objective pages will contain some common elements. The following information applies to all Eligible Professionals:

- **CMS Guidelines** — The top of each page will contain a link to CMS guidelines for the selected measure. These guidelines contain specific requirements for the objective. This is the same information available in the Meaningful Use Objectives Specification Sheets.

- **Objective** — The Objective line provides details for the specific objective.

- **Measure** — The Measure line details the specific requirements that must be fulfilled to meet the objective.

- **Exclusion** — This area lists any exclusions that apply to the selected objective. Some Meaningful Use objectives are not applicable to every Eligible Professional’s clinical practice. In cases where the Eligible Professional does not have any eligible patients or actions for the measure denominator, the Eligible Professional is excluded from having to meet that measure.

Eligible Professionals will have three different types of responses to Meaningful Use measures:

- Yes or No
- Attest to exclusions (any measure not applicable to the Eligible Professional practice)
- Numerators and Denominators

When entering percentage-based measures, the calculation to determine the Meaningful Use numerator and denominator will vary by measure. Eligible Professionals should refer to *CMS Meaningful Use Objectives Specification Sheets for Eligible Professionals* for clear definitions of Meaningful Use numerator and denominator prior to completing the Wisconsin Medicaid EHR Incentive Program application. Meaningful Use numerators and denominators include the number of relevant patients as defined in the specification sheets, not just Medicaid patients.

*Note:* All Eligible Professionals, regardless of stage, will be asked to enter the Date (MM/DD/YYYY) and Name and Title of the person who conducted or reviewed the security risk analysis (Objective 1).

4. Enter the information requested on the page.

5. Click **Save & Continue**. The Meaningful Use Objectives page will be displayed.

![Attestation Meaningful Use Objectives](image)

**Figure 70**  Meaningful Use Objectives List Page with Entered Information

The information entered for each measure will be displayed in the **Entered** column.
6. Continue entering information for all the Meaningful Use Objectives. All requirements must be fulfilled for all objectives before the application can be completed.

7. Click **Return to Main** after entering information that fulfills all of the Meaningful Use Objectives.

The Meaningful Use Objectives Dashboard page will be displayed with a check in the Meaningful Use Objectives section.

![Meaningful Use Objectives Completed](image)

**Figure 71** Meaningful Use Objectives Completed

**Stage 3 Objectives**

1. Click **Begin**. The first Objective page will be displayed.

![Objective List with Stage 3 Navigation](image)

**Figure 72** Objective List with Stage 3 Navigation
Available objectives are now shown in a navigation pane on the left side of the page. Please note, navigating using this panel does not perform the same action as the Save & Continue button.

2. Enter the information requested on the page. Click **Save & Continue**. The next Objective will be displayed.

The Eligible Professional’s completed objectives will be displayed in the navigation pane with a checkmark. The user can continue to edit them at any point prior to submitting the application.

![Stage 3 Objective List with Entered Information](image)

**Figure 73** Stage 3 Objective List with Entered Information

3. When finished making entries, click **Save and Continue**. The Meaningful Use Objectives Dashboard page will be displayed with a check in the Meaningful Use Objectives section.
Public Health Reporting Objective

Under the Required Public Health Objective topic, click **Begin**. The Required Public Health Objective introduction page will be displayed.

![Figure 74 Required Public Health Objective Introduction Page](image)

The Required Public Health Objective introduction page contains instructions on how to complete the Required Public Health portion of the application. This page also contains links to the DHS Public Health Meaningful Use Reporting Guidance page, which includes a Tip Sheet for selecting applicable DPH Registries, and the Public Health Reporting Specification Sheet on the CMS website, which has critical information on each of the measures.
Modified Stage 2 Public Health Reporting Objective

1. Click **Begin**. The Required Public Health Objective List page will be displayed.
The Required Public Health Objective page contains a list of all available measures.

In Program Year 2018, all Eligible Professionals, regardless of their scheduled stage of Meaningful Use, must do one of the following:

- Meet two of the measures.
- Meet less than two measures and satisfy the exclusion criteria for all other measures.
- Satisfy the exclusion criteria for all of the measures.

If the Eligible Professionals are in active engagement with two specialized registries, he or she may count the specialized registry reporting measure twice to meet the required number of measures for the Public Health Reporting Objective.

To claim an exclusion from the specialized registry reporting measure, check the Option 3A box and claim the applicable exclusion. The exclusion will be considered applicable for both Options 3A and 3B; the Eligible Professional will not be able to select Option 3B if Option 3A is excluded or left blank.

2. Select the measure options to which the Eligible Professional wishes to attest:

- To demonstrate active engagement for two measures, only check the boxes for the two measure options the Eligible Professional intends to meet from the list and leave the remaining unchecked.
- To demonstrate active engagement for less than two measure options, check the boxes for Option 1, Option 2, and Option 3A from the list.
- To claim applicable exclusions for all the measure options, check the boxes for Option 1, Option 2, and Option 3A from the list.

Note: Unchecking a public health measure option will result in the loss of any data entered for that measure.
3. Click **Save & Continue**. The measures options selected will be displayed on the Required Public Health Objective page.

![Figure 76](image)

**Figure 76** Required Public Health Objective List Page with Two Selected Measures
4. Click **EDIT** for the Public Health measure option to which the Eligible Professional wishes to attest. The selected page will be displayed for the Eligible Professional’s attestation.

![Selected Public Health Objective Page](image)

**Figure 77** Selected Public Health Objective Page

The individual Public Health Measure Option pages contain the same elements as the Meaningful Use Objectives pages, including the link to CMS guidelines, specifics of the objective, details of the measure, and any exclusions that apply to the measure.

5. Enter the required information indicated on the page.
6. Click **Save & Continue**. The selected Required Public Health Objective page will be displayed.

![Image](image.png)

**Figure 78** Selected Required Public Health Objective List Page with Entered Information

The information entered for the Eligible Professional’s completed measures will be displayed in the Entered column. The Eligible Professional may continue to edit the measures at any point prior to submitting the application.

7. After entering information that fulfills all of the selected measures for the Required Public Health Objective, click **Return to Selection List**. The selection list will be displayed.
8. Click **Return to Main**. The Meaningful Use Objectives Dashboard page will be displayed with a check in the Required Public Health Objective section.

![Meaningful Use Objectives Dashboard](image)

**Figure 79** Meaningful Use Objectives Dashboard Showing Public Health Objective Completed
**Stage 3 Public Health Reporting Objectives**

1. Click **Begin**. The Required Public Health Objective List page will be displayed.

![Required Public Health Objective List Page](image)

2. The Required Public Health Objective page contains a list of all available measures.

   In Program Year 2018, all Eligible Professionals, regardless of their scheduled stage of Meaningful Use, must do one of the following:
• Meet two of the measures.
• Meet less than two measures and satisfy the exclusion criteria for all other measures.
• Satisfy the exclusion criteria for all of the measures.

Option 3 (Electronic Case Reporting) is not required when the Eligible Professional has not met the minimum requirements without taking an exclusion. However, it must be completed if selected.

*Note:* If the Eligible Professionals are in active engagement with two public health registries (Options 3A & 3B) or with two clinical data registries (Options 4A & 4B), they may count the measure twice to meet the required number of measures for the Public Health Reporting Objective.

To claim an exclusion from the public health or clinical data registry measures, check the **Option A box** and claim the applicable exclusion. The exclusion will be considered applicable for both Options A and B; the Eligible Professional will not be able to select Option B if Option A is excluded or left blank.

If the Eligible Professional attests to active engagement for Option 4A or 5A but does not attest to active engagement for at least two measure options total, the Eligible Professional must select the corresponding B screen (4B or 5B) and claim an applicable exclusion before being able to proceed with submission.

3. Select the measure options to which the Eligible Professional wishes to attest:

• To demonstrate active engagement for two measures, only check the boxes for the two measure options the Eligible Professional intends to meet from the list and leave the remaining unchecked.

• To demonstrate active engagement for less than two measure options, check the boxes for **Option 1, Option 2, Option 4A, and Option 5A** from the list.

• To claim applicable exclusions for all the measure options, check the boxes for **Option 1, Option 2, Option 4A, and Option 5A** from the list.

*Note:* Unchecking a public health measure option will result in the loss of any data entered for that measure.
4. Click **Save & Continue**. The first Selected Public Health Objective Page will be displayed.

![Stage 3 Selected Public Health Objective Page](image)

**Figure 81** Stage 3 Selected Public Health Objective Page

The Public Health Measure Option pages contain the same elements as the Meaningful Use Objectives pages, including the link to CMS guidelines, specifics of the objective, details of the measure, and any exclusions that apply to the measure.
5. Enter the required information indicated on the page. Click **Save & Continue**. The next selected Required Public Health Objective page will be displayed.

The Eligible Professional’s completed objectives will be displayed in the navigation pane with a checkmark. The user can continue to edit them at any point prior to submitting the application. Return to the Required Public Health Objective page by selecting the **Previous** button.

![Figure 82](image)

**Figure 82** Stage 3 Selected Public Health Objective Page with Entered Information

6. After entering information that fulfills all of the selected measures for the Required Public Health Objective, click **Save and Continue**. The Meaningful Use Objectives Dashboard page will be displayed with a check in the Required Public Health Objective section.

**Clinical Quality Measures**

In this section, first-time Meaningful Use users will enter CQM (clinical quality measure) data from any 90-day period within calendar year 2018. This 90-day period may be the same dates used to derive the Meaningful Use Objective numerators and denominators; however, the user is not required to use the same 90-day period for the CQMs. Users who have successfully demonstrated any stage of Meaningful Use in a prior year will enter CQM data for the full calendar year from January 1, 2018, through December 31, 2018.

The CQMs are the same for all Eligible Professionals, regardless of scheduled stage.
Clinical Quality Measures — General

1. Click **Begin** for the Clinical Quality Measures — General topic. The General Clinical Quality Measures introduction page will be displayed.

![Clinical Quality Measures — General Introduction Page](image)

**Figure 83** Clinical Quality Measures — General Introduction Page

Eligible Professionals must select 6 CQMs to complete from the available list.
2. Click **Begin**. The General Clinical Quality Measures Worklist Table will be displayed.

![](image)

**Figure 84** General Clinical Quality Measures Worklist Table

*Note: CQMs are now listed by National Quality Forum number. In addition, users now have the ability to sort and view CQMs by National Quality Forum or CMS number by clicking the sort arrows. If the user wishes to start over, click the **Reset** button. Previously entered information will be cleared once the Reset button is selected.*

3. Select a minimum of six CQMs.
4. Click **Save and Continue** at the bottom of the page. The first selected General Clinical Quality Measure will be displayed.

![Figure 85 Selected General Clinical Quality Measures](image1)

*Note:* If the user does not select the minimum number of measures, the worklist table page will refresh and an error message will be displayed near the bottom of the page.

![Figure 86 Minimum Measure Error Message](image2)

*Note:* Selected CQMs are now displayed in a navigation pane on the left side of the page. Users now have the ability to navigate between selected CQMs without having to return to the Clinical Quality Measures Worklist Table. Please note, navigating using this panel does not perform the same action as the Save & Continue button.
5. Enter the required information indicated on the page. The numerator and denominator entries must be positive whole numbers.

For help with any of the CQMs, click the link at the top of the page for additional information.

![Clinical Quality Measure Additional Information](image1)

**Figure 87** Clinical Quality Measures Additional Information

Depending on the browser, the user will be prompted to either view or save the document. After making a selection, a PDF will be displayed containing additional information to help the user complete the measure, including information necessary for the numerator and denominator fields.

![CMS Guidelines for Quality Measure File](image2)

**Figure 88** CMS Guidelines for Quality Measure File
6. After entering the required information on the Clinical Quality Measure page, click **Save & Continue**. The next selected Clinical Quality Measure will be displayed.

The Eligible Professional's completed measures will be displayed in the navigation pane with a checkmark. He or she can continue to edit the measures at any point prior to submitting the application.

![Selected Clinical Quality Measures with Entered Information](image)

**Figure 89** Selected Clinical Quality Measures with Entered Information
7. When the user is finished making all of his or her entries, click **Save and Continue**. The Meaningful Use Objectives Dashboard page will be displayed.

![Meaningful Use Objectives Dashboard](image)

*Figure 90*  Meaningful Use Objectives Dashboard showing General Clinical Quality Measures Completed

If the topic is completed, a green circle with a check mark will be displayed to the left of the selected CQM.

Once a topic is started, the Progress column will display the number of completed items with the total number of items selected for attestation in the topic.

Once the measures are selected to attest, an EDIT button will be displayed, allowing the user to return to the task to make further entries or changes.
Clicking the Clear All button will erase all information entered for the measure and enable the Begin button for all measures to allow the user to switch to a different set of measures if desired.

Once the Eligible Professional has attested to all the Meaningful Use Measures, he or she will be able to proceed with completing the attestation.
Summary of Completed Objectives

1. Click **Save & Continue**. The Meaningful Use Objectives Dashboard page will be displayed.

![Meaningful Use Objectives Dashboard](image)

**Figure 91** Meaningful Use Objectives Dashboard showing All Attestation Meaningful Use Measures Completed
2. **Click **Save & Continue.** The Meaningful Use Objectives Summary page will be displayed.

![Figure 92 Meaningful Use Objectives Summary Page](image)

This page displays a summary of all the Meaningful Use Measures to which the Eligible Professional attested.
3. Review the information to ensure that it is accurate.
4. Click **Save & Continue**. The Attestation Phase (Part 3 of 3) page will be displayed.

### 4.5.2 Final Attestation

![Attestation Phase (Part 3 of 3) Page](image)

The Attestation Phase (Part 3 of 3) page contains information about the assignment of the incentive payment. Review it carefully.

1. Select Yes or No regarding the assignment of the incentive payment.

   *Note*: The user must select **Yes** to this question; otherwise, the user will receive a message to correct the error when he or she submits the application.
2. Select a payment address to be used for the incentive payment from the list provided. A payment address must be selected to proceed.

3. Click **Save & Continue**. A completed page will be displayed.

   *Note: A checkmark will appear in the Attestation tab to acknowledge that the “Attestation” section was successfully completed.*

   ![Attestation Completed Page](image)

4. Click **Continue**.
4.6 Review Application

After clicking Continue on the Attestation Completed page, the Review page will be displayed.

Figure 95 Review Page
The Review page allows the user to review all the information entered on the application. To print a copy of the application for review, click the **Print** button located in the blue box at the top of the page.

1. Review the information on the Review page carefully. If the user finds errors, complete the following steps:
   a. Click the associated tab at the top of the page to return to that section.
   b. Correct the inaccurate information.
   c. Click the **Review** tab to return to the Review page.
   d. Review the information to ensure it was changed correctly.

   *Note:* Click **Continue** at the bottom of the page to return to the last saved page.

2. Click the **Submit** tab at the top of the page after determining that all the information is correct. The Submit page will be displayed.

### 4.7 Submit the Application

![Submit Page](image)
1. Click **Begin**.

The system will check the application for errors. If errors are present, the user will have the opportunity to go back to the tab where the error occurred and correct it. Click **Save & Continue** on the page where the user corrected errors and return to the Submit page.

If there are no errors, the Application Submission (Part 1 of 2) page will be displayed.

![Application Submission (Part 1 of 2) Page](image)

Eligible Professionals are required to provide documentation supporting their adoption of CEHRT, attested patient volume, security risk analysis, and Meaningful Use reporting for percentage-based measures. Only Microsoft® Word, Microsoft® Excel, and PDF files of two megabytes or less can be uploaded. For details on documentation requirements, Eligible Professionals should refer to the DHS website at [www.dhs.wisconsin.gov/ehrincentive/index.htm](http://www.dhs.wisconsin.gov/ehrincentive/index.htm).

Applications submitted without the required documentation will be returned to an Incomplete status until the required documentation is uploaded.
2. To upload a file, click **Browse**. The Choose file window will be displayed.

![Choose File Window](image)

**Figure 98** Choose File Window

3. Navigate to the appropriate computer or network location and select the file the user wishes to upload.

4. Click **Open**. The Choose File window will close and the file path will be displayed in the File Location field.
5. Click **Upload File**. An “Uploaded Files” section will display the successfully uploaded file.

![Application Submission (Part 1 of 2) Page with Uploaded Files Section](image)

**Figure 99** Application Submission (Part 1 of 2) Page with Uploaded Files Section

Upload as many files as necessary to verify the information entered in the Eligible Professional’s Wisconsin Medicaid EHR Incentive Program Application.
6. Click **Save & Continue**. The Application Submission (Part 1 of 2) authorization page will be displayed.

![Application Submission (Part 1 of 2) Authorization Page](image)

7. Check the box to confirm that the user has reviewed the application information.

8. Indicate if the user is completing the application as the actual provider or as a preparer on behalf of the provider.
9. Click **Save & Continue**. The Application Submission (Part 2 of 2) page will be displayed.

This page will differ depending on whether the user is a provider or a preparer and whether the user failed to meet mandatory requirements.

- If the user failed to meet mandatory requirements, the Application Submission (Part 2 of 2) page for a failed attestation will be displayed.

![Application Submission (Part 2 of 2) Page](attachment:image)

**Figure 101** Application Submission (Part 2 of 2) Page

At this point, the user may click:

- The **Meaningful Use Measure** link to review attestation data (and note any rejected measures.)

- The **Attestation** Tab to review or revise any data that has been entered (if applicable.)
- The **Save and Continue** button to proceed with the application submission.

- If the user clicked **Provider**, the Application Submission (Part 2 of 2) for a Provider page will be displayed.

The following options are available:

- Review the certification statement.

- Enter information in the Provider Initials, NPI, and Personal TIN fields.

- Click **Sign Electronically**.

![Application Submission (Part 2 of 2) Page for a Provider](image-url)
• If the user clicked Preparer, the Application Submission (Part 2 of 2) for a Preparer page will be displayed.

The following options are available:

- Review the certification statement.
- Enter information in the Preparer Name and Preparer Relationship fields.
- Click Sign Electronically.

Figure 103 Application Submission (Part 2 of 2) Page for a Preparer
An incentive payment chart will be displayed. The chart, based on federal law, indicates the maximum potential payment per year. The columns represent the first year of participation, and the rows represent the six years of potential participation.

**Figure 104** Example Professional Incentive Payment Chart

No information is required on this page. This is the final step of the submission process.

*Note:* Once the application is submitted, the user will not have the opportunity to change it.
10. If no other changes need to be made to the incentive application, click **Submit Application**. If the application was successfully submitted, the Application Submitted page will be displayed.

![Application Submitted Page](image1.png)

**Figure 105** Application Submitted Page

11. Click **OK**. The Current Status page will be displayed.

![Current Status Page](image2.png)

**Figure 106** Current Status Page
4.8 Submit Multiple Applications

An application must be completed for each individual Eligible Professional. If the user is completing applications for multiple Eligible Professionals consecutively, complete the following steps:

1. On the Current Status page, click Exit.

![Current Status Page](image1.png)

Figure 107  Current Status Page

The Exit WI Medicaid EHR Incentive Program page will be displayed.

![Exit WI Medicaid EHR Incentive Program Page](image2.png)

Figure 108  Exit WI Medicaid EHR Incentive Program Page
2. Click the X on the top right corner of the browser to close the window. The Complete Registration page will still be open in another window.

*Note:* If the Portal session has expired, the user will need to log back in to his or her account.

![Figure 109](image.png) Complete Registration Page with EHR Incentive Payment Navigation Link

3. To continue completing the application, follow the instructions beginning at [step 6 of Section 4.1 Getting Started](#).
5 Check Application Status

The user can check the status of his or her application at any time by logging in to the Portal.

1. Log in to the secure Provider area of the Portal at www.forwardhealth.wi.gov.

2. Click Wisconsin Medicaid EHR Incentive Program located in the Quick Links box. The Wisconsin Medicaid EHR Incentive Program page will be displayed.

3. Click Next. Select the application from the list on the Select EHR Incentive Application page.

4. Click Next. The Confirm Payee page with the user’s previously selected payee information will be displayed.

5. If the previously entered payee information is correct, click Yes at the bottom of the page. If the user’s payment information has changed, click No and update the information at the R&A.

6. Click Next. The Complete Registration page will be displayed.
7. Click **Next**. The Wisconsin Medicaid EHR Incentive Program Participation Dashboard page will open in a new browser window.

![Wisconsin Medicaid EHR Incentive Program Participation Dashboard](image)

**Figure 111** Wisconsin Medicaid EHR Incentive Program Participation Dashboard

8. Select an application.
9. Click **Continue**. The Current Status page will open in a new window and will display the status of the application.

![Current Status Page](image.png)

**Figure 112** Current Status Page with Submitted Status
5.1 Submitted Status

The user can click the Review Application tab to review his or her application; however, the user will not be able to make any changes.

![Review Application Page](image)

Figure 113 Review Application Page
5.2 Denied Status

Figure 114 Current Status Page with Denied Status
The user can click the **Review Application** tab to review his or her application; however, the user will not be able to make any changes.

![Review Application Page]

---

**Check Application Status**

5. Check Application Status 113
If the user wishes to view his or her application results, click the **Submission Outcome** tab.

![Submission Outcome Page](image)

**Figure 116** Submission Outcome Page

If the user wishes to appeal a Wisconsin Medicaid EHR Incentive Program decision, refer to **Section 6 Appeals Process**.

*Note:* Refer to **Section 7.2 Application Status** for a list of all the potential application statuses.
6 Appeals Process

Eligible Professionals may only appeal to the Wisconsin Medicaid EHR Incentive Program for the following reasons:

- To dispute the payment amount.
- To appeal a denied Wisconsin Medicaid EHR Incentive Program Application.

To file an appeal, complete the following steps:

1. Log in to the secure Provider area of the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

![Figure 117 Secure Provider Page](image-url)
2. Click **Wisconsin Medicaid EHR Incentive Program Appeal** located in the Quick Links box on the right of the page. The Wisconsin Medicaid EHR Incentive Program Appeal page will be displayed.

![Figure 118 Wisconsin Medicaid EHR Incentive Program Appeal Page](image)

**Figure 118** Wisconsin Medicaid EHR Incentive Program Appeal Page
3. Click the **review the acceptable reasons** link. A PDF explaining appeal reasons and what additional documentation may be required will open in a new window.

![Figure 119](image.png) **Figure 119**  PDF Explaining Appeal Reasons and Documentation

4. Review the information in the PDF.

5. Close the PDF window.
6. Click **Begin**. The Eligible Provider Identifying Information page will be displayed.

![Eligible Provider Identifying Information Page](image)

**Figure 120**  Eligible Provider Identifying Information Page

7. In the National Provider Identifier field, enter the NPI indicated on the Eligible Professional’s application.

8. Click anywhere on the gray area of the panel.

   If only one record is found, the page will reload. Proceed to step 9.

   If multiple records are found, the National Provider Identifier search box will be displayed.

![National Provider Identifier Search Box](image)

**Figure 121**  National Provider Identifier Search Box

Select the Eligible Professional that submitted the Wisconsin Medicaid EHR Incentive Program Application from the “Search Results” section. The National Provider Identifier search box will close and the NPI of the selected Eligible Professional will be displayed in the National Provider ID field.

9. From the Payment Year drop-down menu, select the payment year for which the appeal is being submitted.

10. Enter a contact name.

11. Enter a contact telephone number.

12. Enter a contact email address.
13. From the Preferred Method of Contact drop-down menu, select whether the user prefers to be contacted by telephone or email.

14. Click **Next**.

If the Wisconsin Medicaid EHR Incentive Program cannot match the NPI supplied with a current application, an error message will be displayed, and the Eligible Professional cannot continue with the appeal process. The Eligible Professional should then contact Provider Services.

![Example Error Message](image)

**Figure 122** Example Error Message

If the Wisconsin Medicaid EHR Incentive Program matches the NPI supplied with a current application, the Appeal Reason page will be displayed.

![Appeal Reason Page](image)

**Figure 123** Appeal Reason Page

15. Select the reason for the appeal from the Reason for appeal drop-down menu.

16. Click to the side of the Reason for Appeal field. Appeal reason options will be displayed at the bottom of the page.
If the user selected Application Denial as the reason for appeal, in the “Please select one or more of the following denial reason(s) being appealed” section, select the reason for the appeal or provide a statement in the free-form comment box.

Figure 124  Appeal Reason Page with Application Denial Selected
If the user selected Payment Amount as the reason for appeal, select the reason for the appeal or provide a statement in the free-form comment box from the “Please select one of the following reasons for the payment amount appeal” section.

![Appeal Reason Page with Payment Amount Selected](image)

**Figure 125** Appeal Reason Page with Payment Amount Selected

17. Click **Next**. The Upload Files page will be displayed.

![Upload Files Page](image)

**Figure 126** Upload Files Page

Eligible Professionals can upload any relevant supporting documentation in support of their appeal. This documentation may include files up to 5 MBs each. Eligible Professionals must upload all relevant supporting documentation before submission as they will not be able to return to the appeal application to upload any documentation after submitting the appeal.
For information about additional supporting documentation that may be required to upload based on the type of appeal, refer to Section 7.3 Appeal Reasons and Needed Documentation.

18. Click **Browse**. The Choose file window will be displayed.

![Figure 127 Choose File Window](image)

19. Navigate to the appropriate computer or network location and select the file the user wishes to download.

20. Click **Open**. The Choose file window will close and the file path will be displayed in the File Path field.
21. Click **Upload**. The uploaded file will be displayed in the “List of Files Uploaded” section at the bottom of the page and a validation message will be displayed at the top of the page.

![Figure 128 Upload Files Page with File Uploaded Successfully Message](image)

Upload as many files as necessary to verify the appeal.

22. Click **Next**. The Confirmation page will be displayed.

![Figure 129 Confirmation Page](image)

23. Save the tracking number for the Eligible Professional’s records.
24. Click **Print** to print the appeal document or save it for the Eligible Professional’s records. A PDF copy of the appeal document will open in a new window.

25. Close the PDF window.

26. Click **Exit** to return to the secure Provider page of the Portal.
7 Additional Information

7.1 Acronyms and Terms

CHIP — Children’s Health Insurance Program
CHPL — Certified Health IT Product List
CMS — Centers for Medicare and Medicaid Services
EHR — Electronic Health Record
FQHC — Federally Qualified Health Center
NPI — National Provider Identifier
ONC — Office of the National Coordinator for Health Information Technology
R&A — Medicare and Medicaid EHR Incentive Program Registration and Attestation System
RHC — Rural Health Clinic
TIN — Tax Identification Number

7.2 Application Status

Below is a list of all the potential application statuses that applicants may see as they progress through the registration and application process.

<table>
<thead>
<tr>
<th>Application Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Approved</td>
<td>An appeal has been approved.</td>
</tr>
<tr>
<td>Appeal Denied</td>
<td>An appeal has been denied.</td>
</tr>
<tr>
<td>Appeal Initiated</td>
<td>An appeal has been received.</td>
</tr>
<tr>
<td>Cancelled</td>
<td>The R&amp;A has notified the Wisconsin Medicaid EHR Incentive Program that this application has been cancelled. The applicant must return to the R&amp;A to re-initiate the registration.</td>
</tr>
<tr>
<td>Completed</td>
<td>The Wisconsin Medicaid EHR Incentive Program Application has completed the full submission process and a payment has been made.</td>
</tr>
<tr>
<td>Denied</td>
<td>The Wisconsin Medicaid EHR Incentive Program has made a determination that the applicant does not qualify for an incentive payment based on one or more of the application’s eligibility rules.</td>
</tr>
<tr>
<td>Incomplete</td>
<td>The Wisconsin Medicaid EHR Incentive Program Application has been started, but the application has not been submitted.</td>
</tr>
</tbody>
</table>
### Application Status

<table>
<thead>
<tr>
<th>Application Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Started</td>
<td>Registration information has been received from R&amp;A; however, the application has not been started at the Wisconsin Medicaid EHR Incentive Program.</td>
</tr>
<tr>
<td>Payment Approved</td>
<td>The Wisconsin Medicaid EHR Incentive Program Application has been reviewed and was determined payable.</td>
</tr>
<tr>
<td>Submitted</td>
<td>The application has been completed and submitted. The application may no longer be edited after submission.</td>
</tr>
</tbody>
</table>

### 7.3 Appeal Reasons and Needed Documentation

Refer to the tables below for the following information:

- A list of valid application denial appeal reasons.
- Additional supporting documentation that may be required to be uploaded based on the type of appeal.
- Appealing the payment amount.

#### 7.3.1 Denied Application Appeals

<table>
<thead>
<tr>
<th>Reason for Appeal</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient volume required by CMS has not been met; see federal rule 42 CFR § 495.304.</td>
<td>For Eligible Professionals, provide the patient volume for the reported 90-day period on the Wisconsin Medicaid EHR Incentive Program application.</td>
</tr>
<tr>
<td>The Eligible Professional has indicated that he or she has current or pending sanctions with Medicare or Medicaid and therefore does not qualify for the Wisconsin Medicaid EHR Incentive Program.</td>
<td>Upload documentation proving the Eligible Professional has been reinstated by the Office of Inspector General. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional has no current or pending sanctions with Medicare or Medicaid.</td>
</tr>
<tr>
<td>The Eligible Professional has indicated that he or she is hospital based.</td>
<td>Eligible Professionals are not eligible for the Wisconsin Medicaid EHR Incentive Program if they provide 90 percent or more of their services to eligible members in an inpatient hospital or emergency department. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional is not hospital based.</td>
</tr>
</tbody>
</table>
### Denied Application Appeals

<table>
<thead>
<tr>
<th>Reason for Appeal</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Eligible Professional has indicated he or she is not waiving the right to a Medicare EHR Incentive Program payment for this payment year. Eligible Professionals may choose to register with either Medicare or Medicaid EHR Incentive Program, but not both.</td>
<td>Eligible Professionals may participate in either Medicare or Medicaid EHR Incentive Programs, but not both. If the question was answered incorrectly when completing the original Wisconsin Medicaid EHR Incentive Program application, provide a clarifying statement that the Eligible Professional is waiving the right to a Medicare EHR Incentive Program payment for this year.</td>
</tr>
</tbody>
</table>

### 7.3.2 Payment Amount Appeal

<table>
<thead>
<tr>
<th>Reason for Appeal</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Professional payment amount (pediatrician only)</td>
<td>Provide the patient volume numbers for the reported 90-day period that should have been reported on the original Wisconsin Medicaid EHR Incentive Program application.</td>
</tr>
</tbody>
</table>